

AD4000001031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

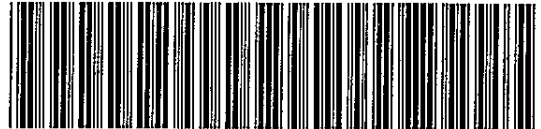
Special Instructions to Filing Officer:

6/20

FL UP

CATS

Office Use Only



700038078427

MJH

06/22/04--01039--024 **2166.25

04 JUN 22 PM 13:58

4
LAW OFFICES
MICHAEL LAPAT

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

11 South LaSalle Street
Suite # 1500
Chicago, Illinois 60603
(312) 641-3723

Please Reply to Florida Office

June 14, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Sovereign Select Fund, LTD.	\$1,846.25
Sovereign Capital Management, LLC	\$ 160.00
<u>Santa Monica Capital Management, LLC</u>	<u>\$ 160.00</u>
	\$2,166.25

Dear Sir or Madam:

Enclosed herein please find a Certificate of Limited Partnership and Articles of Organization for the above referenced LLC's.

Also enclosed is one check in the amount of \$2,166.25 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

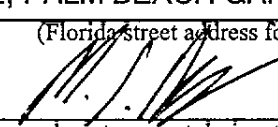
Very truly yours,



Kristine Cobban

KC
enclosure

CERTIFICATE OF LIMITED PARTNERSHIP

1. SOVERIGN SELECT FUND, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 481 SAVOIE DRIVE, PALM BEACH GARDENS, FLORIDA 33410
(Business address of Limited Partnership)
3. MICHAEL AITKEN
(Name of Registered Agent for Service of Process)
4. 481 SAVOIE DRIVE, PALM BEACH GARDENS, FLORIDA 33410
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 481 SAVOIE DRIVE, PALM BEACH GARDENS, FLORIDA 33410
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2051

8. Name(s) of general partner(s): _____ Street address: _____

SOVERIGN CAPITAL
MANAGEMENT, LLC

481 SAVOIE DRIVE
PALM BEACH GARDENS, FL
33410

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this _____ day of _____, 2004

Signature of all general partners:


General Partner
Michael Aitken, Manager of GP

General Partner

General Partner

General Partner

General Partner

General Partner

04 JUN 22 PM 12:58

FILED

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
SOVERIGN SELECT FUND, LTD. _____,

a Florida Limited Partnership, certify:

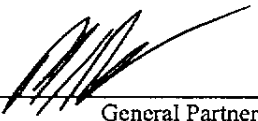
The amount of capital contributions to date of the limited partners is \$ 0.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000,000.00 .

Signed this _____ day of _____, 2004 .

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*



General Partner
Michael Aitken, Manager of GP

General Partner

General Partner

General Partner

General Partner

General Partner